

# ENTRY FORM

## PLEASE PRINT:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

### T-Shirt Size (check one):

Adult: ☐ Small ☐ Medium ☐ Large ☐ Extra Large

Youth: ☐ Medium ☐ Large

### Age Groups (check one)

<input type="checkbox"/> 12 & under	<input type="checkbox"/> 30-34	<input type="checkbox"/> 55-59
<input type="checkbox"/> 13-15	<input type="checkbox"/> 35-39	<input type="checkbox"/> 60-64
<input type="checkbox"/> 16-19	<input type="checkbox"/> 40-44	<input type="checkbox"/> 65-69
<input type="checkbox"/> 20-24	<input type="checkbox"/> 45-49	<input type="checkbox"/> 70-74
<input type="checkbox"/> 25-29	<input type="checkbox"/> 50-54	<input type="checkbox"/> 75 & Older

☐ Male ☐ Female

☐ 5K ☐ One-Mile Walk

### Entry Fee: \$15

Checks payable to:

Kentucky State Nature Preserves Commission

Mail to:

Short's Goldenrod Festival

801 Schenkel Lane

Frankfort, KY 40601

## Questions?

Alice Mandt (502) 573-2886

[alice.mandt@ky.gov](mailto:alice.mandt@ky.gov)

[www.naturepreserves.ky.gov](http://www.naturepreserves.ky.gov)

# PLEASE SIGN WAIVER

## PARTICIPANT WAIVER

I, the undersigned participant in the Short's Goldenrod Festival 5K and one-mile walk, do hereby agree for myself, my heirs, executors, and assigns that the Commonwealth of Kentucky, Commerce Cabinet, Department of Parks, Environmental Public and Protection Cabinet, Kentucky State Nature Preserves Commission, and any agents, officers, employees, volunteers, and sponsors, shall be released from any and all claims for personal injury or injury, loss, or damage to personal property suffered or sustained by me in connection with, or arising out of or resulting from, any and all activities associated with the Short's Goldenrod Festival 5K and one mile walk while on or about the premises of the United States, Corps of Engineers, and Commonwealth of Kentucky, Department of Parks, in Robertson County, Blue Licks Battlefield Resort Park Site. I further assume the risk of personal injury, loss, or damage to myself and loss, injury, and damage to my property while on the above premises and while participating in the above activities.

Participant's signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

(if athlete is under 18 years of age)



## FESTIVAL SPONSORS

